**Academic Affairs  
Request for Faculty Contract**

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| Academic Unit |  | College |  |

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| --- | --- | --- | --- |
| Name: |  | Male/Female: |  |
| Address: |  | | |
| SSN: |  | DOB: |  |
| Email: |  | Telephone |  |
| Position: |  | Vacancy #: |  |
| Salary: |  | Term: |  |
| Start Date: |  | Moving Expenses: |  |
| Tenure Track: |  | Years Awarded toward tenure: |  |
| Highest Degree Earned: |  | Name of Institution: |  |
| Terminal Degree in Progress: |  | Expected Completion: |  |
| Other Information: |  | | |
| Oral English Proficiency Statement: | I attest that this candidate’s English language proficiency has been considered as to his/her English oral and written language proficiency and is qualified to fill this position vacancy. (See university policy 5.14 for more information). | | |
| Academic Unit Head Signature |  | Dean Signature |  |

11/05/21

Email completed form to [brewersj@sfasu.edu](mailto:brewersj@sfasu.edu)

Documents Required (after contract signed)  
ORIGINAL transcripts, Curriculum Vitae, 3 letters recommendation